Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date;	1 <u>2-29-07</u>	Address:	115 East Iowa St.	
Case #:	35F27204		Evansville, IN	
County:	<u>Vanderburgh</u>			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
Operatio	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other;	
(check all th	ad: Location (bedroom, kitchen, open at apply) /Ammonia Reaction(s): outside osphorous/Iodine Reaction(s): ble Solvents: outside teactive Metal (Lithium): outside ous Ammonia: outside oloric Acid Gas Generator(s): //e Acid: outside //c Base: tem and location):	ir, etc)		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencies		Ephedrine Retail/Me Other: cies that scrve the lo	Investigative Information Ephedrine/Pscudoephedrine Tracking Log Retail/Merchant Tip Other: es that scrve the location:	
Health Depa Child Protec	nent: <u>Evansville City FD</u> utment: <u>Vanderburgh</u> tion Service: nformation regarding this methampho	Fax: 812 435 6235 Fax: 812 435 5612 Fax:		
Investigating Officer: Trp D. Humphrey Phone 812 867 2079				

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department. listed within 24 hours of scene processing.